



## REQUEST FOR PUBLIC RECORDS

RCW 42.17

FAX: (360) 902-5529

Complete this form and mail or fax it to the address or number at left.

Date			
Name of person making request	Phone number	Name of person to whom information is to be sent:	FAX number
Representing (company, client, relative)		Representing (company, client, relative)	
Address	E-mail	Address	E-mail
City	State ZIP	City	State ZIP

For a prompt and accurate response, please identify the records you wish to inspect by referring to a specific title, name, identification number, time period, and/or description. If copies are needed, please indicate which file(s) you'd like copied. There may be a fee for copying. If your request includes worker compensation claim information, for positive identification, please include the date of injury, claimant's name, date of birth, and/or Social Security Number.


The Public Records Act (RCW 42.17.260(9)) prohibits the Department of Labor and Industries from releasing lists of individuals that are requested for commercial purposes. The Department of Labor and Industries defines commercial purpose as communication with the individuals named in the record for the purpose of facilitating profit-expecting activity.

I have read the statement above. I certify I will not use the requested records for commercial purposes in the event that a list of any type is included in the material being requested.

Date signed (mm,dd,yy)	County	State	Signature X
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For Department use only:

Action taken on request		
Date action taken	Section/office	Name of person taking the action